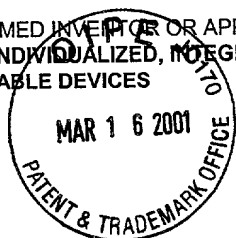


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT
Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Kurt R. Linberg, James D. Webb, JoAnn Abraham
TITLE: INDIVIDUALIZED, INTEGRATED AND INFORMATIVE INTERNET PORTAL FOR HOLISTIC MANAGEMENT OF PATIENTS WITH IMPLANTABLE DEVICES



CERTIFICATE UNDER 37 CFR §1.10. I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL844550309US, on this 15TH day of MARCH, 2001.

j1060 U.S. PTO

FRAYDA M. NITSCHKE

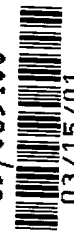


Printed Name

Signature

03/15/01

j1046 U.S. PTO
09/809483



Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 45 (including claims and abstract: Spec. 41 sheets; Claims 3 sheets; Abstract - 1

X Drawings:

Total sheets: 85

☐ formal ☒ informal

X Combined Declaration and Power of Attorney: (UNSIGNED)

☐ newly executed

☐ copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

x Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

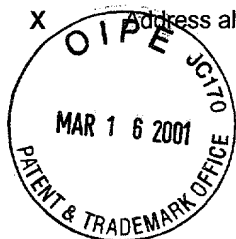
☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____.

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/189,562, filed MARCH 15, 2000..

X Address all future correspondence to:

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7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (763)514-6402



FEE


CALCULATION

	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	21	20	= 1	x 18	18
Independent Claims	3	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					728

Charge Deposit Account No. 13-2546 the sum of \$728.00 (Filing Fee) for a total of **\$728.00.**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date 03/15/01


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